MISSOURI STATE BOARD OF HEALTH Do not use this space. d be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH 23276County Buchanan Registration District No..... 1001 Primary Registration District No.... Township..... Registered No. (No. Missouri Methodist Hospital Chy St. Joseph. Male Brownlee AUG (a) Residence, No. 6322 Carneige Street st. Ward (If nonresident, give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred O yrs. O mos. 1 ds. How long in U. S., if of foreign birth? YES. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 111 7 . 8. . 1934 DIVORCED (write the word) Male Single White That Mattended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 7th 1934 to have occurred on the date stated above, at... The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,brs ormin. 8. Trade, profession, or particular kind of work done, as spinner, Child sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this Other contributory causes of importance: year) occupation..... St. Joseph Missouri. 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) N. B.—Every item of information should CAUSE OF DEATH in plain terms, so th Lonnie Brownlee 13. NAME White Cloud What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas. 23. If death was due to external causes (violence), fill in also the following: Agnes Durkin 15. MAIDEN NAME St. Joseph. Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN)... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Lonnie Brownlee 6322 Carneige Str St. Joseph 17. INFORMANT. (ADDRESS) Manner of injury. 18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Cemt Nature of injury DATE July 9 PLACE St. Joseph No. 24. Was disease or injury in any way related to occupation of deceased? If so, specify... H.O.Sidenfaden 1802 Union Str St Joseph MO (Signed) (Addre

